



4-2167

Application No.: 09/938,125

Docket No.: NY-JONAS 203.1 US (10103964)

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 I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, Va. 22313-1450 on the date shown below.  
 Dated: 6/14/04 Signature: *Fani Mallikourakis*  
 (Fani Mallikourakis)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Jonas ULENAS et al.

Application No.: 09/938,125

Group Art Unit: 2167

Filed: August 23, 2001

Examiner: Michael A. Cuff

For: METHOD AND APPARATUS FOR  
OBTAINING CONSUMER PRODUCT  
PREFERENCES THROUGH INTERACTIVE  
PRODUCT SELECTION AND EVALUATION

RECEIVED  
JUN 24 2004  
GROUP 3600

**AMENDMENT UNDER 37 C.F.R. § 1.111**

MS: Non-Fee Amendment  
Commissioner for Patents  
P. O. Box 1450  
Alexandria, Va. 22313-1450

Dear Sir:

In response to the Office Action dated March 16, 2004 (Paper No. 12), please amend the above-identified U.S. patent application as follows:

07/28/2004 SWILLIAN 00000006 500624 09938125

01 FC:2201 43.00 DA  
02 FC:2202 27.00 DA

*Scanned for fee*

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Applicant believes no fee is due with this response. However, if a fee is due, please charge our Deposit Account No. 50-0624, under Order No. NY-JONAS 203.1 US (10103964) from which the undersigned is authorized to draw.

Respectfully submitted,

By 

Andrew Im

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# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

JONAS-203.1-US

## CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	20	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	20 minus 20 =	0
INDEPENDENT CLAIMS	3 minus 3 =	0
MULTIPLE DEPENDENT CLAIM PRESENT	<input type="checkbox"/>	

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	
	Independent	Minus	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY TYPE  OR

OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	355.00
X\$ 9=	--
X40=	--
+135=	--
TOTAL	355

RATE	FEE
BASIC FEE	710.00
X\$18=	
X80=	
+270=	
TOTAL	

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL ADDIT. FEE	

(Column 1)

(Column 2)

(Column 3)

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	20 = 3
	Independent	Minus	3 = 1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL ADDIT. FEE	

(Column 1)

(Column 2)

(Column 3)

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	23 = 0
	Independent	Minus	4 = 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Best Available Copy